

OPEN ENROLLMENT 2026



Our Mission

To make a lasting difference in our members' lives by improving their health and well-being.

About Us

- A nonprofit health care plan and national leader in Managed Care
- 30+ year history of serving varied populations across multiple states and insurance products
- Currently serving over 2 million members* in Arkansas, Georgia, Indiana, Michigan, Mississippi, Nevada, Ohio, West Virginia and Wisconsin
- 4,500 employees located across 30 states

2M+
MEMBERS

MEDICAID

HEALTH INSURANCE MARKETPLACE

DUAL ELIGIBLE

*Based on members enrolled in all CareSource product lines across all states as of 6/16/2025.



CARESOURCE

Our Vision

Transforming lives through
innovative health and life services.

It's not just about making a **change**.
It's about making a ***difference***.



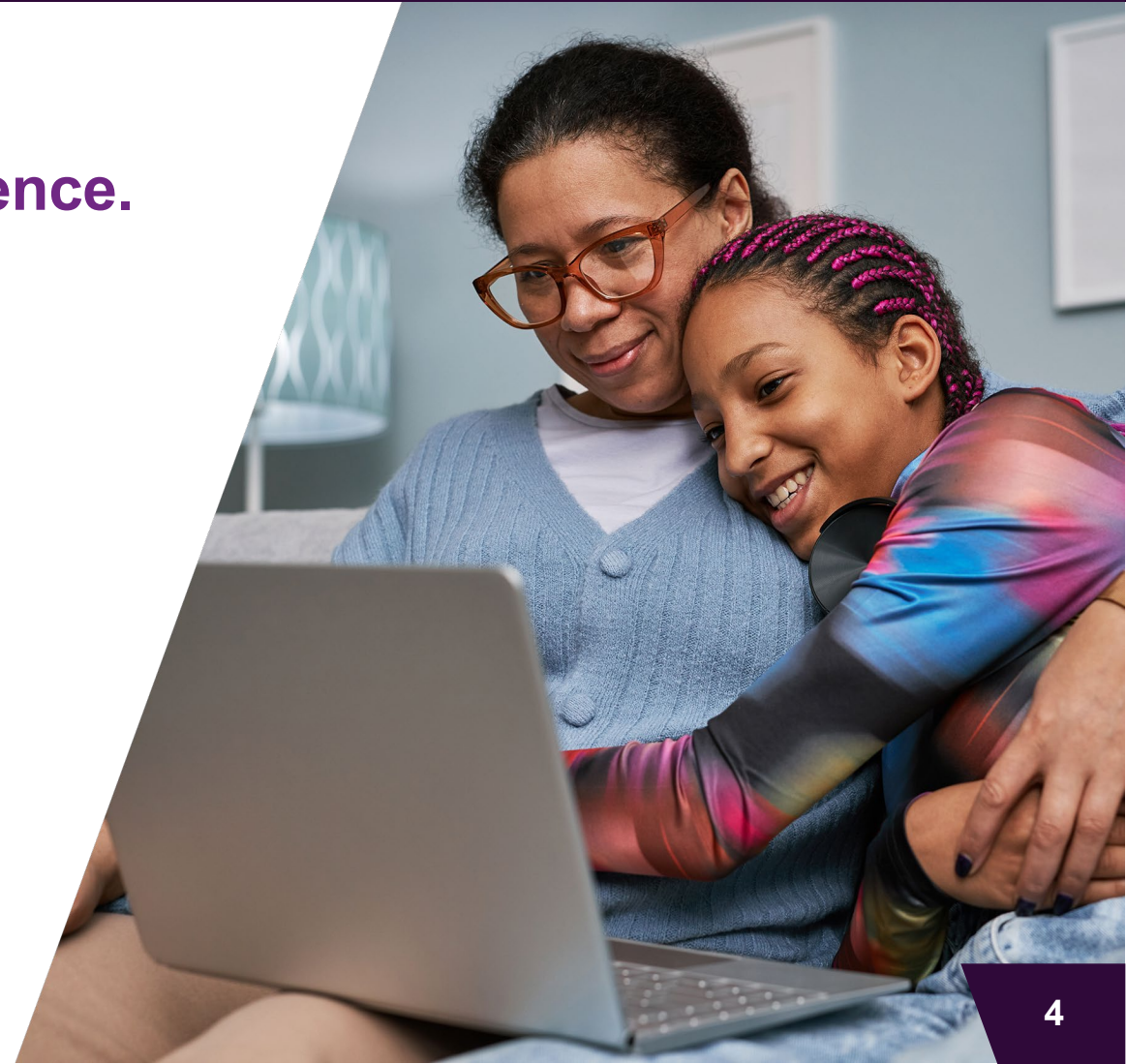
My MyLife®

Personal Online Account

Get the most out of your member experience.

- Select or change your PCP
- Request a new CareSource member ID card
- View claims and plan details
- Update contact information
- Receive a customized wellness plan
- And more

Visit **MyLife.CareSource.com** to sign up now! It's fast, easy and secure.



Health Insurance Marketplace

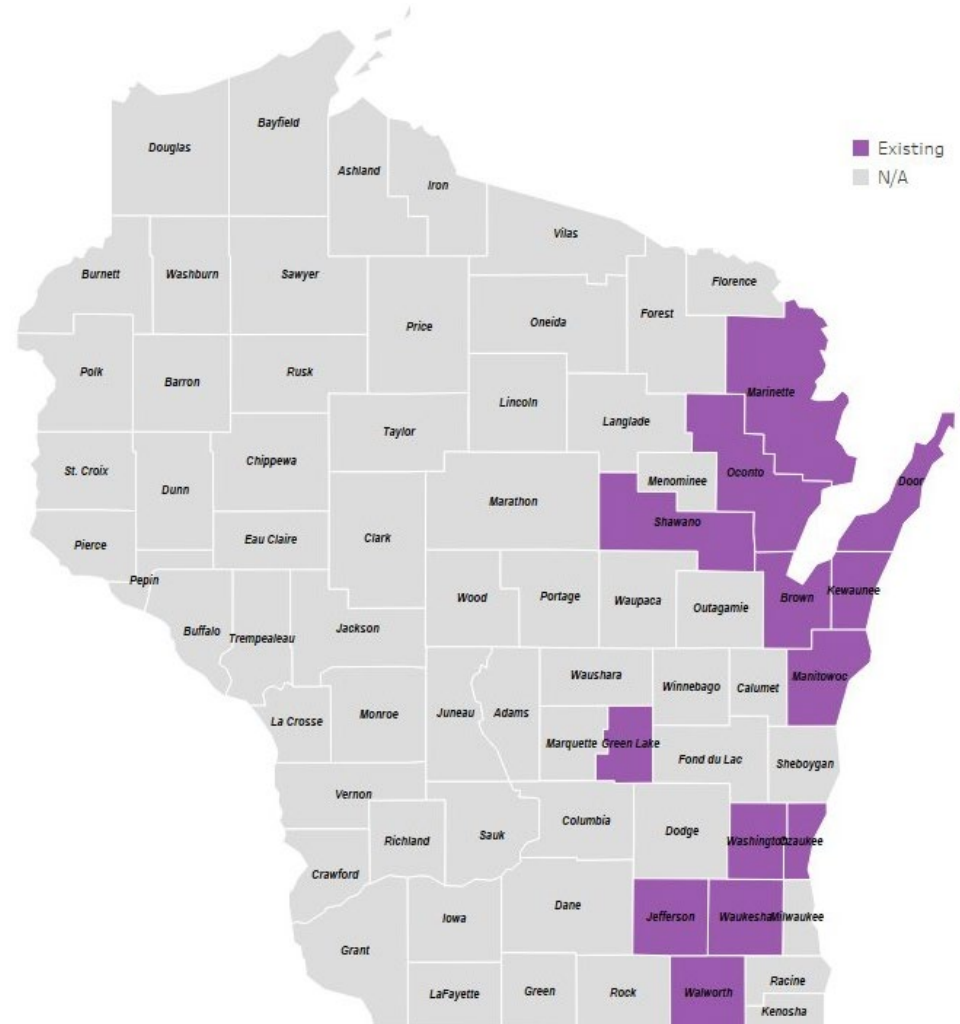


CareSource Wisconsin Marketplace Coverage Area

Member Services

1-877-514-2442 (TTY: 711)

[CareSource.com/Marketplace](https://www.caresource.com/Marketplace)



Coverage area subject to change.



Bronze Plans

Lowest Premiums, Highest Out-of-Pocket Costs

All plans will be displayed on exchange under the CareSource (Common Ground Healthcare) name.

	CareSource (Common Ground Healthcare) Bronze \$9600 (\$45 PCP Copay)	CareSource (Common Ground Healthcare) Bronze Standard \$7500	CareSource (Common Ground Healthcare) Bronze \$0 Ded / \$2500 Rx Ded
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange
Deductible	\$9,600	\$7,500	\$0
Out-of-Pocket Maximum	\$9,600	\$10,000	\$9,500
Coinsurance	0%	50%	50%
Primary Care	\$45	\$50	\$55
Specialist Visit	\$0*	\$100	\$130
Urgent Care Visit	\$0*	\$75	\$200
Emergency Room Visit	\$0*	50%*	\$1,850
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 2 times the cost of 30-day)	\$0*	\$25	\$35
	\$0*	\$75	\$105
	\$0*	\$50	\$70
Pediatric Vision Services	One annual exam and one pair of eyeglasses or annual supply of contacts per year.		

*After deductible. In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Bronze Plans

Off Exchange Only Specific Plan Options

While all of our On Exchange plan options are available Off Exchange, these plans are designed and sold exclusively outside of the exchange. These plans are ACA compliant with the added benefit of dealing directly with CareSource and a lower premium than if available through the exchange. All plans will be displayed on exchanges under the CareSource (Common Ground Healthcare) name.

	CareSource (Common Ground Healthcare) HSA Bronze \$8500 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Bronze \$9600 (\$45 PCP Copay) - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Bronze Standard \$7500 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Bronze \$0 Ded / \$2500 Rx Ded - Vision Exam + Allergy Test
Enrollment Flow (On Exchange, Off Exchange)	Off Exchange	Off Exchange	Off Exchange	Off Exchange
Deductible	\$8,500	\$9,600	\$7,500	\$0
Out-of-Pocket Maximum	\$8,500	\$9,600	\$10,000	\$9,500
Coinsurance	0%	0%	50%	50%
Primary Care	\$0*	\$45	\$50	\$55
Specialist Visit	\$0*	\$0*	\$100	\$130
Urgent Care Visit	\$0*	\$0*	\$75	\$200
Emergency Room Visit	\$0*	\$0*	50%*	\$1,850
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 2 times the cost of 30-day)	\$0*	\$0*	\$25	\$35
	\$0*	\$0*	\$75	\$105
	\$0*	\$0*	\$50	\$70
Pediatric Vision Services	One annual exam and one pair of eyeglasses or annual supply of contacts per year.			

*After deductible. In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Silver Plans

Budget-Friendly, Subsidy-Eligible

All plans will be displayed on exchange under the CareSource (Common Ground Healthcare) name.

	CareSource (Common Ground Healthcare) Silver Standard \$6000	CareSource (Common Ground Healthcare) Silver \$5000 Ded / \$6000 Rx Ded	CareSource (Common Ground Healthcare) Silver \$4700 Ded / \$5000 Rx Ded
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange
Deductible	\$6,000	\$5,000	\$4,700
Out-of-Pocket Maximum	\$8,900	\$10,600	\$10,600
Coinsurance	40%	30%	30%
Primary Care	\$40	\$35	\$55
Specialist Visit	\$80	\$75	\$120
Urgent Care Visit	\$60	30%*	30%*
Emergency Room Visit	40%*	30%*	\$300
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 2 times the cost of 30-day)	\$20	\$10	\$10
	\$60	\$30	\$30
	\$40	\$20	\$20
Pediatric Vision Services	One annual exam and one pair of eyeglasses or annual supply of contacts per year.		

*After deductible. †Silver CSR 73%, CSR 87% and CSR 94% are based upon eligibility for Cost Sharing Reductions (CSR) as determined by the Exchange. In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.



Silver Plans

Off Exchange Only Specific Plan Options

While all of our On Exchange plan options are available Off Exchange, these plans are designed and sold exclusively outside of the exchange. These plans are ACA compliant with the added benefit of dealing directly with CareSource and a lower premium than if available through the exchange. All plans will be displayed on exchanges under the CareSource (Common Ground Healthcare) name.

	CareSource (Common Ground Healthcare) HSA Silver \$3500 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Silver Standard \$6000 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Silver \$5000 Ded / \$6000 Rx Ded	CareSource (Common Ground Healthcare) Silver \$4700 Ded / \$5000 Rx Ded
Enrollment Flow (On Exchange, Off Exchange)	Off Exchange	Off Exchange	Off Exchange	Off Exchange
Deductible	\$3,500	\$6,000	\$5,000	\$4,700
Out-of-Pocket Maximum	\$8,500	\$8,900	\$10,600	\$10,600
Coinsurance	20%	40%	30%	30%
Primary Care	\$15*	\$40	\$35	\$55
Specialist Visit	\$35*	\$80	\$75	\$120
Urgent Care Visit	20%*	\$60	30%*	30%*
Emergency Room Visit	20%*	40%*	30%*	\$300
Generic Prescription Drug Coverage (30-day Retail/90-day Retail/90-day Mail) (90-day mail order for 2 times the cost of 30-day)	\$15* \$45* \$30*	\$20 \$60 \$40	\$10 \$30 \$20	\$10 \$30 \$20
Pediatric Vision Services	One annual exam and one pair of eyeglasses or annual supply of contacts per year.			

*After deductible. In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Gold Plans

Higher Premiums, Lower Out-of-Pocket Cost

All plans will be displayed on exchange under the CareSource (Common Ground Healthcare) name.

	CareSource (Common Ground Healthcare) Gold \$3300	CareSource (Common Ground Healthcare) Gold Standard \$2000	CareSource (Common Ground Healthcare) Gold \$0 Ded
Enrollment Flow (On Exchange, Off Exchange)	On Exchange/Off Exchange	On Exchange/Off Exchange	On Exchange/Off Exchange
Deductible	\$3,300	\$2,000	\$0
Out-of-Pocket Maximum	\$8,500	\$8,200	\$9,000
Coinsurance	15%	25%	20%
Primary Care	\$20	\$30	\$35
Specialist Visit	\$50	\$60	\$100
Urgent Care Visit	\$75	\$45	\$75
Emergency Room Visit	\$300	25%*	\$600
Generic Prescription Drug Coverage (30-day Retail/ 90-day Retail/90-day Mail) (90-day mail order for 2 times the cost of 30-day)	\$2 \$6 \$4	\$15 \$45 \$30	\$2 \$6 \$4
Pediatric Vision Services	One annual exam and one pair of eyeglasses or annual supply of contacts per year.		

*After deductible. In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Gold Plans

Off Exchange Only Specific Options

While all of our On Exchange plan options are available Off Exchange, these plans are designed and sold exclusively outside of the exchange. These plans are ACA compliant with the added benefit of dealing directly with CareSource and a lower premium than if available through the exchange. All plans will be displayed on exchanges under the CareSource (Common Ground Healthcare) name.

	CareSource (Common Ground Healthcare) Gold \$1800 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Gold \$3300 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Gold Standard \$2000 - Vision Exam + Allergy Test	CareSource (Common Ground Healthcare) Gold \$0 Ded - Vision Exam + Allergy Test
Enrollment Flow (On Exchange, Off Exchange)	Off Exchange	Off Exchange	Off Exchange	Off Exchange
Deductible	\$1,800	\$3,300	\$2,000	\$0
Out-of-Pocket Maximum	\$7,100	\$8,500	\$8,200	\$9,000
Coinsurance	20%	15%	25%	20%
Primary Care	\$30	\$20	\$30	\$35
Specialist Visit	\$60	\$50	\$60	\$100
Urgent Care Visit	\$75	\$75	\$45	\$75
Emergency Room Visit	\$300	\$300	25%*	\$600
Generic Prescription Drug Coverage (30-day Retail/ 90-day Retail/90-day Mail) (90-day mail order for 2 times the cost of 30-day)	\$10	\$2	\$15	\$2
	\$30	\$6	\$45	\$6
	\$20	\$4	\$30	\$4
Pediatric Vision Services	One annual exam and one pair of eyeglasses per year.			

*After deductible. In the chart above, amounts using a dollar sign (\$) refer to copays (except for Deductible, Out-of-Pocket Maximum). Amounts using a percentage (%) refer to coinsurance.

Additional Plan Details



\$0 Telehealth through Teladoc

- Phone or video access to \$0 medical and behavioral health telehealth visits.*
- Access directly from CareSource's Member Portal, or Teladoc's website or 800#.

General Medical

Talk to a provider 24/7. Use for non-emergency health care needs like:

- Cold and flu
- Sore throat
- Sinuses
- Allergies
- Pink eye
- Ear Infections
- Urinary tract infections
- Rash
- Skin conditions
- And more

Behavioral Health^

Talk to a therapist or prescriber 7 days a week, 7 a.m. to 9 p.m., by appointment.

- Anxiety
- Depression
- Stress
- Substance use
- Trauma
- Relationship issues
- And more

^Age restrictions apply.

*Services on HDHP qualified plans may be subject to deductible. See the Schedule of Benefits for specifics.



Regulatory Influences

Market Integrity & Affordability Rule:

PAPI/MOOP and AV changes:

What is it? New rules increased the maximum out-of-pocket limitation and allowed for lower plan actuarial values.

What does it mean? Plans may be less rich than they have in the past, offsetting some premium pressure but increasing out of pocket costs.

Prohibition on Coverage of Sex-Trait Modification as EHBs:

What is it? The rule has defined specific services that are not allowed to be considered EHB. This allows for issuers to cover them, but not for them to be subsidized by APTC.

What does it mean? Issuer coverage for these services may vary based on market. CareSource will follow the base EHB definition to preserve the ability for fully subsidized plan options, with several markets confirming that they do not see this as a mandated EHB.

Budget Reconciliation:

All Bronze and Catastrophic treated as HSA Qualified HDHPs:

What is it? Starting in PY 2026, any Bronze or Catastrophic plan will automatically be able to be paired with an HSA.

What does it mean? Any member on a Bronze or Catastrophic plan has the ability to reap the tax advantaged benefits of an HSA while still gaining access to first dollar coverage or not being constrained to MOOP/Deductible amounts as previously defined. CareSource Bronze and Catastrophic plans will be displayed as HSA Eligible.

Pre-deductible HDHP coverage for Telehealth:

What is it? Effective back to 12/31/2024, rules have been permanently adjusted to allow telehealth services prior to the deductible satisfaction.

What does it mean? This makes permanent COVID 19 allowances enabling consumers on HDHP qualified plans to access telehealth services prior to the deductible. CareSource will be adopting this starting PY 2027 as this information came out too late to adopt for PY 2026.



